County: Dodge
MAYVILLE NURSING/REHAB CENTER
305 SOUTH CLARK
MAYVILLE 53050 H

MAYVILLE 53050 Phone: (920) 387-0354
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 78
Total Licensed Bed Capacity (12/31/00): 80
Number of Residents on 12/31/00: 74

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Yes
Average Daily Census: 77

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %			
Home Health Care Supp. Home Care-Personal Care	No Yes	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year   1 - 4 Years	51. 4 48. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2. 7	More Than 4 Years	0. 0
Day Services	No	Mental Illness (Org. /Psy)	25. 7	65 - 74	8. 1		
Respite Care	Yes	Mental Illness (Other)	5.4	75 - 84	29. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	<b>56.</b> 8	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2. 7	95 & 0ver	2. 7	Full-Time Equival	lent
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100	Resi dents
Home Delivered Meals	No	Fractures	1.4		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	14. 9	65 & 0ver	97. 3	[	
Transportati on	No	Cerebrovascul ar	9. 5			RNs	6. 4
Referral Service	No	Di abetes	5.4	Sex	%	LPNs	13. 5
Other Services	No	Respi ratory	1.4			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	33. 8	Male	31. 1	Aides & Orderlies	37. 3
MentallyIll	No			Femal e	68. 9		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No	**********	*****	*******	100.0	     *********************************	*****

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other P		Pı	Private Pay		 I	Managed Care			Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ.	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 2	\$104. 92	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 4%
Skilled Care	11	100. 0	\$328. 85	$4\overline{1}$	89. 1	\$91.03	Ŏ	0. 0	\$0.00	13	76. 5	\$137.75	Ŏ	0. 0	\$0.00	65	87. 8%
Intermediate				4	8. 7	\$77. 13	0	0.0	\$0.00	4	23. 5	\$114.50	0	0.0	\$0.00	8	10.8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		46	100. 0		0	0.0		17	100.0		0	0.0		74	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities as o	f 12/31/00
Deaths During Reporting Period					N 32		T-4-1
Percent Admissions from:		Activities of	0/.		Needi ng i stance of	% Totally	Total Number of
Private Home/No Home Health	1.0		T d d +		Or Two Staff	Dependent	
Private Home/With Home Health	1.9	Daily Living (ADL)	Independent	one			Resi dents
	0.0	Bathi ng	0.0		95. 9	4. 1	74
Other Nursing Homes	8. 3	Dressing	32. 4		64. 9	2. 7	74
Acute Care Hospitals	88. 0	Transferring	33. 8		<b>59</b> . <b>5</b>	6.8	74
Psych. HospMR/DD Facilities	0.0	Toilet Use	40. 5		<b>54</b> . 1	5. 4	74
Rehabilitation Hospitals	0. 0	Eating	68. 9		20. 3	10. 8	74
Other Locations	1. 9	******************	******	******	******	*******	******
Total Number of Admissions	108	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	5.4	Recei vi ng	Respiratory Care	2. 7
Private Home/No Home Health	17. 9	Occ/Freq. Incontinent	of Bladder	47. 3	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	8. 0	Occ/Freq. Incontinent	of Bowel	17. 6	Recei vi ng	Sucti oni ng Č	1. 4
Other Nursing Homes	0. 9	•				Ostomy Care	1. 4
Acute Care Hospitals	44.6	Mobility				Tube Feedi ng	1. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	2. 7	Recei vi ng	Mechanically Altered 1	Diets 18.9
Reĥabilitation Hospitals	0.0				8	,	
Other Locations	2.7	Skin Care			Other Reside	nt Characteristics	
Deaths	25. 9	With Pressure Sores		8. 1	Have Advan	ce Directives	98. 6
Total Number of Discharges		With Rashes		0. 0	Medications		
(Including Deaths)	112				Recei vi ng	Psychoactive Drugs	48. 6
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownershi p:			Bed	Si ze:	Li ce	ensure:		
	Thi s	Propri etary		50-	- 99	Ski l	led	Al l	
	Facility		Group		Group		Group		ities
	<u> </u>	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 3	83. 7	1. 15	86. 6	1. 11	87. 0	1. 11	84. 5	1. 14
Current Residents from In-County	81. 1	75. 1	1.08	69. 4	1. 17	69. 3	1. 17	77. 5	1.05
Admissions from In-County, Still Residing	29. 6	18. 7	1. 58	19. 5	1.52	22. 3	1. 33	21. 5	1. 38
Admi ssi ons/Average Daily Census	140. 3	152. 8	0. 92	130. 0	1.08	104. 1	1. 35	124. 3	1. 13
Discharges/Average Daily Census	145. 5	154. 5	0. 94	129. 6	1. 12	105. 4	1. 38	126. 1	1. 15
Discharges To Private Residence/Average Daily Census	37. 7	<b>59</b> . 1	0.64	47. 7	0. 79	37. 2	1. 01	49. 9	0. 76
Residents Receiving Skilled Care	89. 2	90. 6	0. 98	89. 9	0. 99	87. 6	1. 02	83. 3	1.07
Residents Aged 65 and Older	97. 3	95. 0	1. 02	95. 4	1.02	93. 4	1. 04	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	62. 2	65. 4	0. 95	68. 7	0. 91	70. 7	0. 88	69. 0	0. 90
Private Pay Funded Residents	23. 0	23. 2	0. 99	22. 6	1.01	22. 1	1.04	22. 6	1.02
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	31. 1	31.4	0. 99	35. 9	0.87	37. 4	0. 83	33. 3	0. 93
General Medical Service Residents	33. 8	23. 2	1. 46	20. 1	1.68	21. 1	1. 60	18. 4	1.83
Impaired ADL (Mean)	35. 7	48. 9	0. 73	47.7	0. 75	47. 0	0. 76	49. 4	0.72
Psychol ogi cal Problems	48. 6	44. 1	1. 10	49. 3	0. 99	49. 6	0. 98	50. 1	0. 97
Nursing Care Required (Mean)	4. 2	6. 5	0. 65	6.6	0. 64	7. 0	0. 60	7. 2	0. 59